

Table 1-1a

**NUMBER OF FPs, OB/GYNs & CNM/ARNPs PROVIDING OBSTETRICAL SERVICES FOR MEDICAID CLIENTS COMPARED TO ACTIVELY PRACTICING PHYSICIANS IN WASHINGTON STATE**

SERVICE DELIVERY AREA	COUNTY	DSHS Region	Medicaid Participating				Total Practicing				PERCENT-AGE
			OB	FP	ARNP/ CNM	TOTAL <sup>1</sup>	OB	FP	ARNP/ CNM	TOTAL <sup>2</sup>	
Area 1	Clallam	6	3	15	1	19	3	21	2	26	73.08%
	Jefferson	6	0	5	0	5	0	5	0	5	100.00%
			3	20	1	24	3	26	2	31	77.42%
Area 2	Mason	6	1	5	0	6	1	7	1	9	66.67%
	Grays Harbor	6	3	0	0	3	3	0	0	3	100.00%
	Lewis	6	4	3	1	8	4	6	3	13	61.54%
	Pacific	6	0	0	0	0	0	2	0	2	0.00%
	Thurston	6	13	18	4	35	16	27	4	47	74.47%
			21	26	5	52	24	42	8	74	70.27%
Area 3	Cowlitz	6	8	8	0	16	8	29	0	37	43.24%
	Clark	6	21	14	2	37	22	38	2	62	59.68%
	Klickitat	6	0	9	0	9	1	14	0	15	60.00%
	Skamania	6	0	0	0	0	0	0	0	0	--
	Wahkiakum	6	0	0	0	0	0	0	0	0	--
			29	31	2	62	31	81	2	114	54.39%
Area 4	Pierce	5	56	33	7	96	66	99	15	180	53.33%
	Kitsap	5	12	13	0	25	12	21	0	33	75.76%
			68	46	7	121	78	120	15	213	56.81%
Area 5	King	4	135	115	6	256	212	248	29	489	52.35%
Area 6	Island	3	3	3	1	7	3	10	1	14	50.00%
	Snohomish	3	27	38	2	67	31	84	8	123	54.47%
			30	41	3	74	34	94	9	137	54.01%
Area 7	San Juan	3	0	0	0	0	0	0	0	0	--
	Skagit	3	9	25	1	35	10	39	3	52	67.31%
			9	25	1	35	10	39	3	52	67.31%
Area 8	Whatcom	3	9	22	0	31	10	35	0	45	68.89%
Area 9	Kittitas	2	1	10	0	11	1	11	0	12	91.67%
	Yakima	2	14	19	2	35	16	37	2	55	63.64%
			15	29	2	46	17	48	2	67	68.66%
Area 10	Benton	2	15	13	3	31	22	26	6	54	57.41%
	Franklin	2	9	4	0	13	12	8	0	20	65.00%
			24	17	3	44	34	34	6	74	59.46%
Area 11	Asotin	2	0	0	0	0	0	0	0	0	--
	Columbia	2	0	0	0	0	0	0	0	0	--
	Garfield	2	0	0	0	0	0	0	0	0	--
	Walla Walla	2	6	2	0	8	6	6	2	14	57.14%
			6	2	0	8	6	6	2	14	57.14%
Area 12	Chelan	1	9	22	1	32	9	35	1	45	71.11%
	Douglas	1	0	0	0	0	0	0	0	0	--
	Okanogan	1	0	12	0	12	2	23	3	28	42.86%
			9	34	1	44	11	58	4	73	60.27%
Area 13	Adams	1	1	6	0	7	1	6	0	7	100.00%
	Grant	1	3	10	0	13	3	19	2	24	54.17%
	Lincoln	1	0	3	0	3	0	4	0	4	75.00%
			4	19	0	23	4	29	2	35	65.71%
Area 14	Pend Oreille	1	2	1	0	3	2	1	0	3	100.00%
	Ferry	1	0	1	0	1	0	1	0	1	100.00%
	Spokane	1	40	49	4	93	48	87	5	140	66.43%
	Stevens	1	0	10	0	10	0	14	0	14	71.43%
	Whitman	1	3	8	0	11	3	14	0	17	64.71%
			45	69	4	118	53	117	5	175	67.43%

<sup>1</sup>Number of fee-for-service OB/GYNs, FPs, and CNMs/ARNPs billing Washington State Medicaid during January-December 1996

<sup>2</sup>Number of office-based FPs, OB/GYNs and CNMs/ARNPs from hospital survey of physicians with obstetrical privileges for CY 1996

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- B. Washington State recognizes that to maintain and increase access to obstetrical services, the needs of practitioners must be considered. For this reason, the State of Washington has increased its reimbursement for obstetrical services covered by Medicaid in the following ways:
1. Effective January 1, 1991 provider reimbursement for global obstetrical care was increased 41 percent from \$850 to \$1,200.
  2. Effective July 1, 1992 provider reimbursement for global obstetrical care was increased from \$1200 to \$1450.
  3. The Medicaid Program implemented a Resource Based Relative Value Scale (RBRVS) January 1, 1993. In addition to increasing the rates, the Medicaid program established a higher conversion factor of \$49.02 for obstetrical services compared to the conversion factor of \$20.00 for all other services.
  4. Effective July 1, 1993 provider reimbursement for global obstetrical care was increased from \$1450 to \$1650.09.
  5. Effective May 1 of each year, the RBRVS is updated to reflect the Medicare Fee Schedule Relative Value Units. Conversion factors are established to reflect these changes and maintain budget neutrality. Effective May 1, 1995 provider reimbursement for global obstetrical care was adjusted to \$1648.07.
  6. Effective July 1, 1995, selected maternity procedures were increased 5 percent. Remaining procedures were increased 2 percent. Provider reimbursement for global obstetrical care was increased from \$1648.07 to \$1730.72.

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7. We insured that all increases and changes made to the fee for service rates were reflected in the monthly premium rates paid to managed care plans, e.g., upper payment limits.
8. Effective July 1 of each year, the RBRVS is updated to reflect the Medicare Fee Schedule Relative Value Units. Conversion factors are established to reflect these changes and maintain budget neutrality. Effective July 1, 1996 provider reimbursement for global obstetrical care was adjusted to \$1,727.98.

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## II. PEDIATRIC ACCESS:

Access is demonstrated by complying with option 1, the Practitioner Participation Standard, which requires at least 50 percent participation of practicing pediatricians, family practitioners, (FP) or certified pediatric nurse practitioners in Medicaid.

To satisfy the 50 percent standard, Washington State has defined an actively participating provider as FP, pediatrician, CNM, or ARNP who submitted one or more paid claims for pediatric services to Medicaid in the calendar year. We used the fee for service providers. To obtain the total number of actively participating providers, we used the Washington State Directory of American Academy of Pediatrics, Washington State Directory of Family Physicians, and the Department of Health Directory of Licensed ARNPs and CNM for the calendar year.

Counties were grouped initially into the six Department of Social and Health Services' service delivery regions. These regions are used by the department in medical and financial eligibility determinations. The state of Washington is made up of urban and rural communities and counties with small populations. In order for residents to receive medical care they may travel between counties. Some counties do not have actively practicing or a limited number of physicians and/or certified nurse midwives or advanced registered nurse practitioners. The initial six regions, which showed access of at least 50 percent, (Table 1-2) were further broken into 14 service delivery areas (Table 1-2a). As grouped, there is a short travel distance between the counties which makes it convenient for residents to receive care. These areas accurately reflect the patterns of care received by residents in Washington State. Based on data which identifies the number of family practitioners and pediatricians by county, we determined the following for the 39 counties: See Tables 1-2 and 1-2a.

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The number of practitioners in certain specialties is higher for Medicaid than is listed in the directories. At the time of enrollment in the Medicaid Program the provider specifies a specialty and our files are not updated for subsequent changes in specialization as indicated in the directories. For example, a provider who registered as a pediatrician with Medicaid may be listed as a family practitioner in the directories because over time the practice evolved as a result of the need for a family practitioner within the community. The Medicaid records are not revised to reflect this change.

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Table 1-2

**NUMBER OF FPs, PEDs AND ARNPs/CNMs PROVIDING PEDIATRIC SERVICES FOR MEDICAID CLIENTS COMPARED TO ACTIVELY PRACTICING PHYSICIANS IN WASHINGTON STATE**

COUNTY	DSHS Region	Medicaid Participating				Total Practicing				PERCENT-AGE
		PED	FP	ARNP CNM	TOTAL <sup>1</sup>	AAP PED	WAFP FP	ARNP CNM	TOTAL <sup>2</sup>	
<b>Region 6</b>										
Clallam	6	6	30	4	40	6	30	7	43	93.02%
Jefferson	6	3	11	0	14	4	10	3	17	82.35%
Mason	6	1	8	1	10	0	11	1	12	83.33%
Grays Harbor	6	4	26	4	34	4	26	10	40	85.00%
Lewis	6	5	21	6	32	5	21	6	32	100.00%
Pacific	6	0	4	0	4	0	4	1	5	80.00%
Thurston	6	17	55	7	79	25	59	22	106	74.53%
Clark	6	13	35	6	54	22	32	10	64	84.38%
Cowlitz	6	9	23	1	33	10	23	2	35	94.29%
Klickitat	6	0	13	0	13	0	13	1	14	92.86%
Skamania	6	0	2	0	2	0	2	1	3	66.67%
Wahkiakum	6	0	2	0	2	0	2	0	2	100.00%
		<b>58</b>	<b>230</b>	<b>29</b>	<b>317</b>	<b>76</b>	<b>233</b>	<b>64</b>	<b>373</b>	<b>84.99%</b>
<b>Region 5</b>										
Pierce	5	58	118	15	191	65	131	39	235	81.28%
Kitsap	5	16	38	4	58	21	47	28	96	60.42%
		<b>74</b>	<b>156</b>	<b>19</b>	<b>249</b>	<b>86</b>	<b>178</b>	<b>67</b>	<b>331</b>	<b>75.23%</b>
<b>Region 4</b>	King	283	474	50	807	403	491	257	1151	70.11%
<b>Region 3</b>										
Island	3	4	7	0	11	4	11	3	18	61.11%
Snohomish	3	28	122	18	168	31	128	42	201	83.58%
San Juan	3	1	6	1	8	3	5	4	12	66.67%
Skagit	3	9	42	11	62	10	42	11	63	98.41%
Whatcom	3	13	51	4	68	15	51	14	80	85.00%
		<b>55</b>	<b>228</b>	<b>34</b>	<b>317</b>	<b>63</b>	<b>237</b>	<b>74</b>	<b>374</b>	<b>84.76%</b>
<b>Region 2</b>										
Kittitas	2	3	14	1	18	2	15	2	19	94.74%
Yakima	2	5	50	6	61	21	51	17	89	68.54%
Benton	2	16	30	4	50	16	30	10	56	89.29%
Franklin	2	3	10	0	13	2	11	0	13	100.00%
Asotin	2	0	3	0	3	0	3	1	4	75.00%
Columbia	2	1	1	1	3	0	2	1	3	100.00%
Garfield	2	0	0	0	0	0	0	0	0	--
Walla Walla	2	9	12	1	22	9	12	2	23	95.65%
		<b>37</b>	<b>120</b>	<b>13</b>	<b>170</b>	<b>50</b>	<b>124</b>	<b>33</b>	<b>207</b>	<b>82.13%</b>
<b>Region 1</b>										
Adams	1	0	3	0	3	0	4	0	4	75.00%
Grant	1	3	11	2	16	2	13	4	19	84.21%
Lincoln	1	0	5	0	5	0	5	1	6	83.33%
Chelan	1	8	42	1	51	7	42	7	56	91.07%
Douglas	1	0	0	0	0	0	4	2	6	0.00%
Okanagon	1	1	15	0	16	0	23	10	33	48.48%
Pend Oreille	1	0	3	0	3	0	5	1	6	50.00%
Ferry	1	0	0	0	0	0	0	1	1	0.00%
Spokane	1	34	137	12	183	31	153	44	228	80.26%
Stevens	1	0	3	1	4	1	18	1	20	20.00%
Whitman	1	3	6	0	9	3	9	2	14	64.29%
		<b>49</b>	<b>225</b>	<b>16</b>	<b>290</b>	<b>44</b>	<b>276</b>	<b>73</b>	<b>393</b>	<b>73.79%</b>

<sup>1</sup>Number of fee-for-service pediatricians, family practitioners ARNPs & CNMs billing Washington State Medicaid January-December 1996

<sup>2</sup>Washington State Directory of American Academy of Pediatrics and Family Physicians and Department of Health Directory of Licensed ARNPs and CNMs in Calendar Year 1996

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**NUMBER OF FPs, PEDs AND ARNPs/CNMs PROVIDING PEDIATRIC SERVICES FOR MEDICAID CLIENTS COMPARED TO ACTIVELY PRACTICING PHYSICIANS IN WASHINGTON STATE**

SERVICE DELIVERY AREAS	COUNTY	DSHS Region	Medicaid Participating				Total Practicing				PERCENT-AGE
			PED	FP	ARNP CNM	TOTAL <sup>1</sup>	AAP PED	WAFP FP	ARNP CNM	TOTAL <sup>2</sup>	
Area 1	Clallam	6	6	30	4	40	6	30	7	43	93.02%
	Jefferson	6	3	11	0	14	4	10	3	17	82.35%
			9	41	4	54	10	40	10	60	90.00%
Area 2	Mason	6	1	8	1	10	0	11	1	12	83.33%
	Grays Harbor	6	4	26	4	34	4	26	10	40	85.00%
	Lewis	6	5	21	6	32	5	21	6	32	100.00%
	Pacific	6	0	4	0	4	0	4	1	5	80.00%
	Thurston	6	17	55	7	79	25	59	22	106	74.53%
			27	114	18	159	34	121	40	195	81.54%
Area 3	Clark	6	13	35	6	54	22	32	10	64	84.38%
	Cowlitz	6	9	23	1	33	10	23	2	35	94.29%
	Klickitat	6	0	13	0	13	0	13	1	14	92.86%
	Skamania	6	0	2	0	2	0	2	1	3	66.67%
	Wahkiakum	6	0	2	0	2	0	2	0	2	100.00%
			22	75	7	104	32	72	14	118	88.14%
Area 4	Pierce	5	58	118	15	191	65	131	39	235	81.28%
	Kitsap	5	16	38	4	58	21	47	28	96	60.42%
			74	156	19	249	86	178	67	331	75.23%
Area 5	King	4	283	474	50	807	403	491	257	1151	70.11%
Area 6	Island	3	4	7	0	11	4	11	3	18	61.11%
	Snohomish	3	28	122	18	168	31	128	42	201	83.58%
			32	129	18	179	35	139	45	219	81.74%
Area 7	San Juan	3	1	6	1	8	3	5	4	12	66.67%
	Skagit	3	9	42	11	62	10	42	11	63	98.41%
			10	48	12	70	13	47	15	75	93.33%
Area 8	Whatcom	3	13	51	4	68	15	51	14	80	85.00%
Area 9	Kittitas	2	3	14	1	18	2	15	2	19	94.74%
	Yakima	2	5	50	6	61	21	51	17	89	68.54%
			8	64	7	79	23	66	19	108	73.15%
Area 10	Benton	2	16	30	4	50	16	30	10	56	89.29%
	Franklin	2	3	10	0	13	2	11	0	13	100.00%
			19	40	4	63	18	41	10	69	91.30%
Area 11	Asotin	2	0	3	0	3	0	3	1	4	75.00%
	Columbia	2	1	1	1	3	0	2	1	3	100.00%
	Garfield	2	0	0	0	0	0	0	0	0	--
	Walla Walla	2	9	12	1	22	9	12	2	23	95.65%
			10	16	2	28	9	17	4	30	93.33%
Area 12	Adams	1	0	3	0	3	0	4	0	4	75.00%
	Grant	1	3	11	2	16	2	13	4	19	84.21%
	Lincoln	1	0	5	0	5	0	5	1	6	83.33%
			3	19	2	24	2	22	5	29	82.76%
Area 13	Chelan	1	8	42	1	51	7	42	7	56	91.07%
	Douglas	1	0	0	0	0	0	4	2	6	0.00%
			8	42	1	51	7	46	9	62	82.26%
Area 14	Okanagon	1	1	15	0	16	0	23	10	33	48.48%
	Pend Oreille	1	0	3	0	3	0	5	1	6	50.00%
	Ferry	1	0	0	0	0	0	0	1	1	0.00%
	Spokane	1	34	137	12	183	31	153	44	228	80.26%
	Stevens	1	0	3	1	4	1	18	1	20	20.00%
	Whitman	1	3	6	0	9	3	9	2	14	64.29%
			38	164	13	215	35	208	59	302	71.19%

<sup>1</sup>Number of fee-for-service pediatricians and family practitioners billing Washington State Medicaid January-December 1996.

<sup>2</sup>Washington State Directory of American Academy of Pediatrics and Family Physicians and Department of Health Directory of Licensed ARNPs and CNMs in Calendar Year 1996.

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B. Rate Increases

Washington State is further ensuring and creating future access to pediatric services for low income children by increasing reimbursement to practitioners.

1. In September of 1990, Medicaid Program reimbursement was increased for children's primary health care. The reimbursement for certain office-based primary care procedures was increased. To bring the reimbursement level up to 80 percent of usual and customary rate (UCR), new patient procedure codes were increased an average of 60 percent and established patient procedure codes were increased an average of 66 percent.
2. Reimbursement for Healthy Kids' (EPSDT) Screening procedure codes was increased an average of 67 percent. The rate increases brought reimbursement for these pediatric services to 80 percent of UCR.
3. State funded Bridge Grants for technical assistance were offered to allow various social and health agencies to experiment in developing services which would bring greater access to health care for children. Ten projects were funded; while another ten projects were offered technical assistance.
4. To maintain reimbursement levels at 80 percent of the UCR, effective January 1, 1992 and January 1, 1993 reimbursement was increased for specific pediatric procedure codes.
5. The Medicaid Program implemented a Resource Based Relative Value Scale (RBRVS) January 1, 1993. In addition to increasing the rates, the Medicaid program established a higher conversion factor for pediatric services.

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6. To maintain reimbursement levels at 80 percent of the UCR, effective January 1, 1994 reimbursement was increased for specific pediatric procedure codes.
7. Effective May 1 of each year, the RBRVS is updated to reflect the Medicare Fee Schedule Relative Value Units. Conversion factors are established to reflect these changes and maintain budget neutrality.
8. To maintain reimbursement levels at 80 percent of UCR, effective July 1, 1995 reimbursement was increased 5 percent for specific pediatric procedure codes. Remaining procedures were increased 2 percent.
9. We insured that all increases and changes made to the fee for service rates were reflected in the monthly premium rates paid to managed care plans, e.g., upper payment limits.
10. Effective July 1, 1996, the RBRVS is updated July 1 of each year to reflect the Medicare Fee Schedule Relative Value Units. Conversion factors are established to reflect these changes and maintain budget neutrality.

Section 6306.3: HMO Obstetrical and Pediatric Services

States must include data on how payment rates for practitioner obstetrical and pediatric services are taken into account in developing payment rates for HMOs with 1903 Medicaid contracts. States must assure 1903(m) contract rate setting activities are consistent with and substantiated by data submitted in state plan amendments concerning these services.

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**State Response:**

The state assures that Section 1903(m) contract rate-setting activities are consistent with and substantiated by the data submitted in this State Plan Amendment concerning obstetrical and pediatric services. Upper payment limits established for Health Maintenance Organizations (HMOs) under Section 1903(m) Medicaid contracts are based on actual data experienced under the Medicaid State Plan which include services by obstetrical and pediatric practitioners. These data are derived from the Medicaid Management Information System and include the Current Procedural Terminology (CPT) codes for obstetrical and pediatric services covered under the State Plan. The fee for service upper payment limits and contract payment rates are reviewed and approved by staff of DHHS, HCFA, Region X before contract execution. The obligation of HMO contractors is to assure that medically necessary services covered under contract are available to all enrolled recipients.

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